CMS
CENTERS for MEDICARE & MEDICAID SERVICES

ATTESTATION USER GUIDE

For Eligible Hospitals and Critical Access Hospitals

Medicare Electronic Health Record

(EHR) Incentive Program

INCENTIVE PROGRAM

APRIL 2011

(04.15.11 ver1)

CONTENTS

Medicare regulations can be found on the CMS Web site at **http://www.cms.gov**

CONTENTS (cont.)

Disclaimer

The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible hospitals.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each eligible hospital to remain abreast of the Medicare program requirements. Medicare regulations can be found on the CMS Web site at *http://www.cms.gov*. Specific information about the Medicare and Medicaid EHR Incentive Programs can be found at *http://www.cms.gov/EHRIncentivePrograms.*

Medicare regulations can be found on the CMS Web site at *http://www.cms.gov*

Step 1 – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to their meaningful use of certified electronic health record (EHR) technology using this ATTESTATION module.

Medicaid- only eligible hospitals should contact their states for information about how to attest.

This is a step-by-step guide for the Medicare Eligible Hospitals EHR Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

STEPS

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Enter the EHR Incentive Program URL (located at the top of the page) into your web browser.

Click CONTINUE to start the attestation process.

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

⊞ *Eligible Hospitals*

⊞ *Eligible Professionals (EPs)*

CONTINUE

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

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Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit CMS website.

⊟ *Eligible Hospitals*

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

⊞ *Eligible Professionals (EPs)*

CONTINUE

TIPS

To determine your eligibility, click on the CMS website.

For a list of Eligible Hospital Types, click on the + sign next to Eligible Hospitals.

Step 2– Login Instructions for Eligible Professionals

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Login

Login Instructions

(*****) Red asterisk indicates a required field.

Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, Create a Login in the I&A System.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in NPPES .
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, Create a Login in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the I&A System.
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

* User ID: [ ]
* Password: [ ]

[LOG IN]

STEPS

If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, you may apply for an NPI in NPPES. Click the link in the body of the screen.

Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization's NPI.

If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, click Create a Login in the body of the screen.

Click **LOG IN**.

TIPS

To contact the I&A help desk, call; 1(866) 484-8049 or email **EUSSupport@cgi.com.**

To locate your NPI number, visit; **https://nppes. cms.hhs.gov/NPPES/ NPIRegistryHome.do**.

User name and password are case sensitive.

Step 2 – Welcome screen for the EHR Incentive Program (cont.)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | Attestation | Status | Account Management

Welcome

Last Successful Login: 04/05/2011 | Unsuccessful Login Attempts: 0

Notifications

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions

Select any tab to continue.

Registration Tab

Please select the Registration tab above to perform any of the following actions:

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

Attestation Tab

Please select the Attestation tab above to perform any of the following actions:

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit failed or rejected Attestation
- Reactivate canceled Attestation

Note: Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

Status Tab

Please select the Status tab above to perform the following action:

- View current status of Registration(s), Attestation(s), and Payment(s) for the Incentive Program

Account Management Tab

Please select the Account Management tab above to perform the following actions:

- Update your user account information
- Request access to organizations
- Remove access to organizations

STEPS

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Click on the *Attestation Tab* to continue attesting for the EHR Incentive Program.
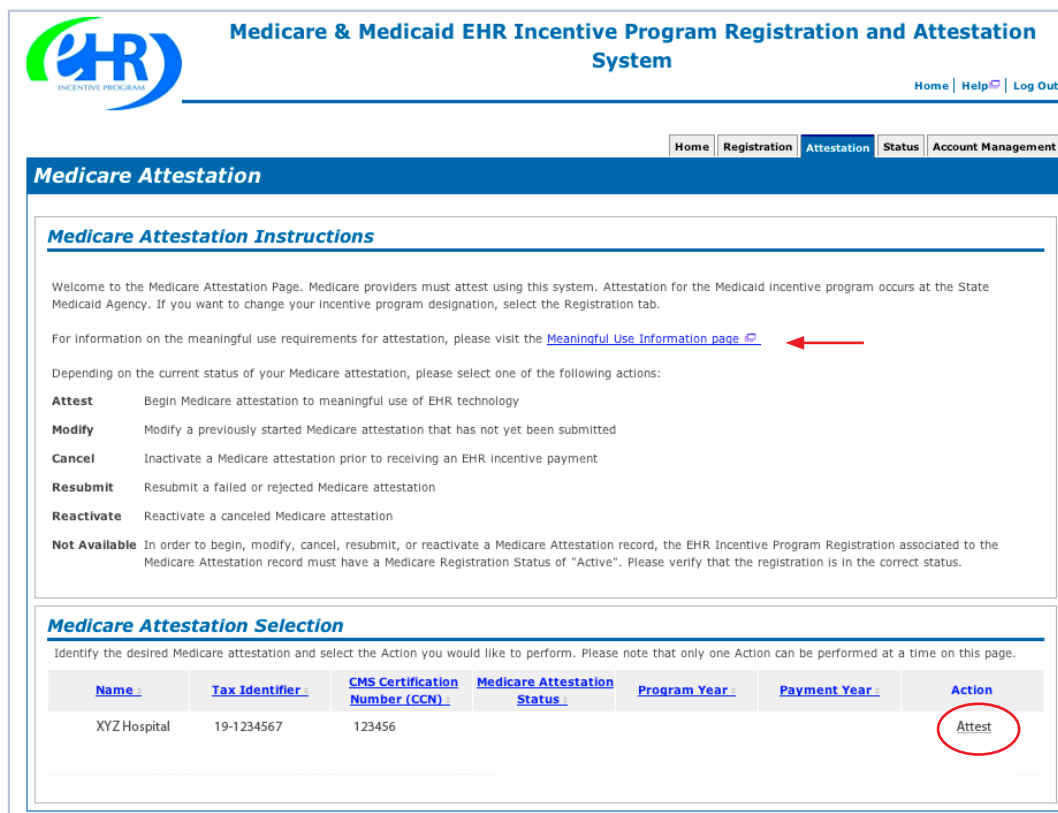
TIPS

*The Welcome screen consists of **five** tabs to navigate through the attestation and registration process.*

1. Home
2. Registration
3. Attestation
4. Status
5. Account Management

Step 3 – Attestation Instructions

TIPS *"Modify, Cancel, Resubmit, Reactivate, and View" are the available Action web links for returning users.*

*Click on the **Meaningful User Information** page link for detailed information about meaningful use, specification sheets for individual meaningful use objectives, e-specification sheets for clinical quality measures, and in-depth information on the EHR Incentive Program.*

Only one action can be performed at a time on this page.

Step 4 – Topics for this Attestation

The data required is grouped into four (4) topics for Attestation.

STEPS
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Click *START ATTESTATION* to begin the attestation process.

TIPS   *The topics will only be marked as completed once all the information has been entered and saved. When all topics are checked completed or N/A, the user can select 'PROCEED WITH ATTESTATION'.*

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.

Step 5 – Attestation Information

STEPS

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Enter your EHR Certification Number.

Choose one of two methods to designate how patients are admitted to the Emergency Department. The method will be included in the denominators of certain Meaningful Use Core and Menu measures.

Enter the period start and end date of the reporting period for which you are attesting. The reporting period must be *at least* 90 days in the same Federal fiscal year, September through August.

Click *SAVE & CONTINUE*.

TIPS

To locate your EHR certification number, click on **How do I find my EHR Certification Number?** You will be directed to the Certified Health IT Product List (CHPL). Follow the instructions on the CHPL website. The EHR Certification Number is **15** characters long. The number is required and will be validated.

Emergency Department (ED) Admissions must be designated as admitted observation service method or all ED visits method. Click here for more information; **http://questions.cms.hhs.gov/app/answers/detail/a_id/10126/kw/emergency%20department**.

TOPICS PROGRESS

This is the first of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 6 – Meaningful Use Core Measures – Questionnaire (1 of 14)

TIPS

Patient Records: At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.

....

Exclusion: Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)

....

Numerator and Denominator must be whole numbers.

TOPICS PROGRESS

This is the second of four topics required for attestation

1	2	3	4

Step 7 – Meaningful Use Core Measures – Questionnaire (2 of 14)

STEPS
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Select Yes or No.

Click *SAVE & CONTINUE.*

💡 **TIPS**

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 8 – Meaningful Use Core Measures – Questionnaire (3 of 14)

STEPS

Enter Numerators and Denominators in each step.

Click *SAVE & CONTINUE.*

Step 9 – Meaningful Use Core Measures – Questionnaire (4 of 14)

TIPS

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

Click on HELP for additional guidance to navigate the system.

The Help link is located on each page.

Click previous screen to go back.

TOPICS PROGRESS

This is the second of four topics required for attestation

1	2	3	4

Step 10 – Meaningful Use Core Measures – Questionnaire (5 of 14)

STEPS
....

Enter Numerators and Denominators in each step.

Click *SAVE & CONTINUE*.

Step 11 – Meaningful Use Core Measures – Questionnaire (6 of 14)

TIPS

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.
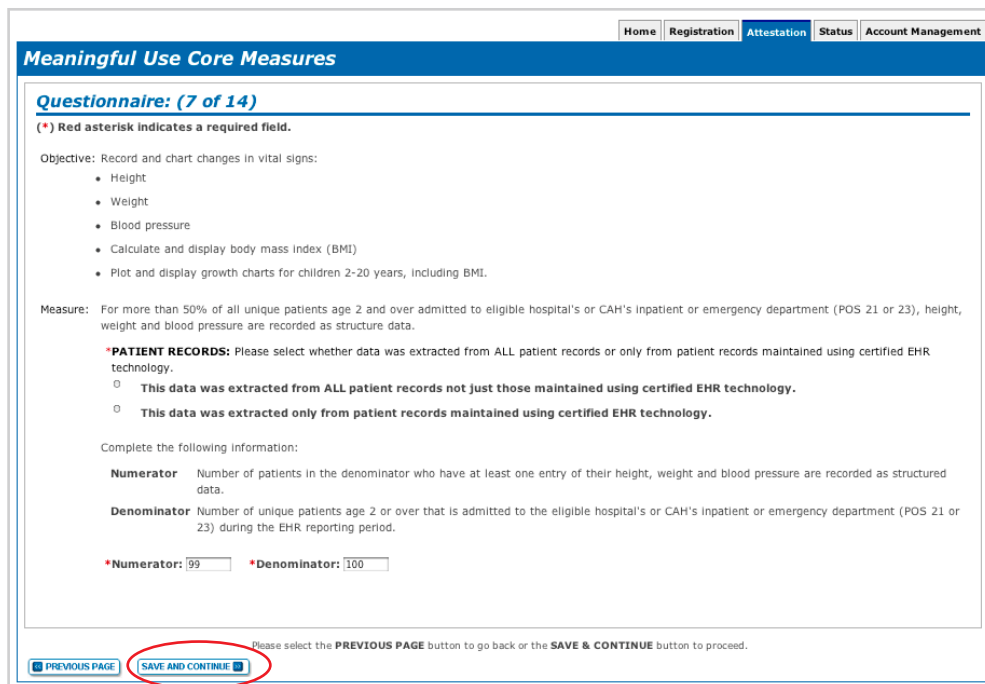
Numerator and Denominator must be whole numbers.

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 12 – Meaningful Use Core Measures – Questionnaire (7 of 14)

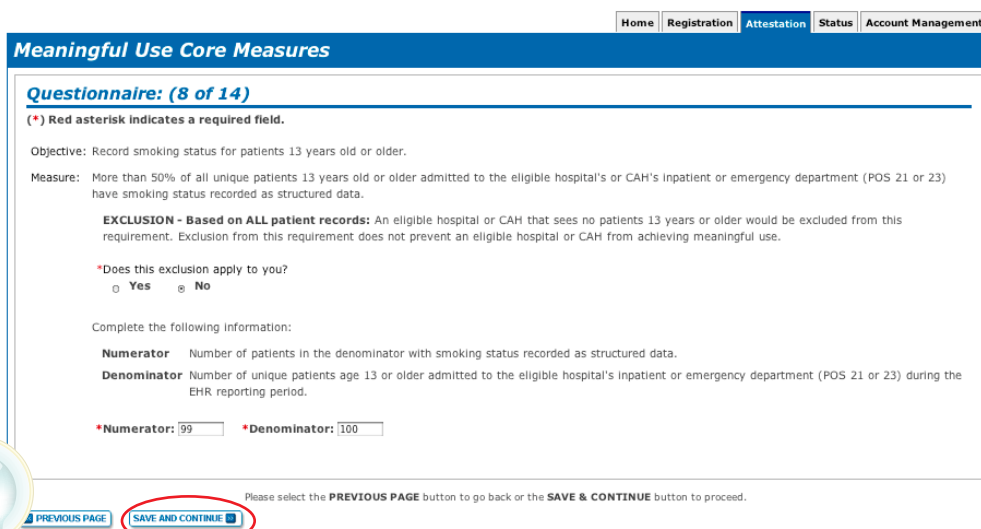**STEPS**

Select the appropriate option under PATIENT RECORDS.

Enter Numerator and Denominator.

Click *SAVE & CONTINUE*.

Step 13 – Meaningful Use Core Measures – Questionnaire (8 of 14)

STEPS

Select Yes or No for the exclusion.

If you answered NO, enter the Numerator and Denominator.

Click *SAVE & CONTINUE*.

TIPS

Numerator and Denominator must be whole numbers.

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation

1	2	3	4

Step 14 – Meaningful Use Core Measures – Questionnaire (9 of 14)

| Home | Registration | Attestation | Status | Account Management |

Meaningful Use Core Measures

Questionnaire: (9 of 14)

(*) Red asterisk indicates a required field.

Objective: Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.

Measure: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.

Complete the following information:

*I will submit Clinical Quality Measures?

○ Yes   ○ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[◄ PREVIOUS PAGE]   [SAVE AND CONTINUE ►]

Step 15 – Meaningful Use Core Measures – Questionnaire (10 of 14)

| Home | Registration | Attestation | Status | Account Management |

Meaningful Use Core Measures

Questionnaire: (10 of 14)

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

*Did you implement one clinical decision support rule?

○ Yes   ○ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[◄ PREVIOUS PAGE]   [SAVE AND CONTINUE ►]

STEPS
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Select Yes or No.

Click *SAVE & CONTINUE*.

TIPS

Click on HELP for additional guidance to navigate the system.

The Help link is located on each page.

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 16 – Meaningful Use Core Measures – Questionnaire (11 of 14)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | Attestation | Status | Account Management

Meaningful Use Core Measures

Questionnaire: (11 of 14)

(*) Red asterisk indicates a required field.

Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request

Measure: More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

⊙ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

○ This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

*Does this exclusion apply to you?
○ Yes   ⊙ No

Complete the following information:

Numerator   Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

Denominator Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

*Numerator: 99   *Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

◄ PREVIOUS PAGE   SAVE AND CONTINUE ►

STEPS
....

Select the appropriate option under Patient Records.

Select Yes or No for the exclusion.

If you answered NO, enter the Numerator and Denominator.

Click *SAVE & CONTINUE*.
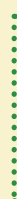
TIPS

Numerator and Denominator must be whole numbers.

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 17 – Meaningful Use Core Measures – Questionnaire (12 of 14)

STEPS
....

Select the appropriate option under Patient Records.

Select Yes or No for the exclusion.

If you answered NO, enter the Numerator and Denominator.

Click *SAVE & CONTINUE*.

TIPS

Click on HELP for additional guidance to navigate the system.

The Help link is located on each page.

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 18 – Meaningful Use Core Measures – Questionnaire (13 of 14)

STEPS
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Select Yes or No.

Click *SAVE & CONTINUE*.

Step 19 – Meaningful Use Core Measures – Questionnaire (14 of 14)

TIP

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the second of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 20 – Meaningful Use Menu Measures – Questionnaire

STEPS

Read the instructions and select a total of five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page.

Select at least one from the *public health* menu measure objectives.

Note: You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.

TIP

The five (5) measures chosen will appear on the next screens once you click the CONTINUE button.

TOPICS PROGRESS

This is the third of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 20 – Meaningful Use Menu Measures (cont.) – Public Health Measures

Objective	Measure	Select
You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied:		
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).	☐
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	☐
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	☐
You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):		
Objective	Measure	Select

STEPS

Read the instructions and select a total five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page.

TIPS

Select at least one from the public health menu measure objectives.

Note: *You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.*

TOPICS PROGRESS

This is the third of four topics required for attestation

1	2	3	4

Step 20 – Meaningful Use Menu Measures (cont.)

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	✔
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	☐
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	✔
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	☐
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	✔
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	☐
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	✔

Please select the **PREVIOUS PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

[PREVIOUS PAGE] [CONTINUE]

STEPS

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Read the instructions and select a total five (5) measures from the ten (10) Meaningful Use (MU) Menu Measures listed on the next page.

Click *CONTINUE*.

TIPS

Click on HELP for additional guidance to navigate the system.

The Help link is on every page.

TOPICS PROGRESS

This is the third of four topics required for attestation

1	2	3	4

Step 20 – (cont.) Meaningful Use Public Health Measure (1 of 3) out of 10 Meaningful Use Menu Measures

Select the appropriate options for the Exclusions.

Click *SAVE & CONTINUE*.

TIP

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.

TOPICS PROGRESS

This is the third of four topics required for attestation

1	2	3	4

Step 20 – (cont.) Meaningful Use Public Health Measure (2 of 3) out of 10 Meaningful Use Menu Measures

Step 20 – (cont.) Meaningful Use Public Health Measure (3 of 3) out of 10 Meaningful Use Menu Measures

STEPS
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Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click *SAVE & CONTINUE*.

TIPS

You may select the PREVIOUS PAGE button to go back.

Only the five (5) measures chosen will display.

TOPICS PROGRESS

This is the third of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 20 – (cont.) Meaningful Use Menu Measure (4 of 10)

STEPS

. . . .

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click *SAVE & CONTINUE*.

Step 20 – (cont.) Meaningful Use Menu Measure (5 of 10)

TIP

You may select the PREVIOUS PAGE button to go back.

TOPICS PROGRESS

This is the third of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 20 – (cont.) Meaningful Use Menu Measure (6 of 10)

| Home | Registration | **Attestation** | Status | Account Management |

Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Incorporate clinical lab-test results into certified EHR as structured data.

Measure: More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- ● **This data was extracted from ALL patient records not just those maintained using certified EHR technology.**
- ○ **This data was extracted only from patient records maintained using certified EHR technology.**

Complete the following information:

Numerator   Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator   Number of lab tests ordered during the EHR reporting period by authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number.

*Numerator: 99   *Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

| ◄ PREVIOUS PAGE | SAVE AND CONTINUE ► |

Step 20 – (cont.) Meaningful Use Menu Measure (7 of 10)

| Home | Registration | **Attestation** | Status | Account Management |

Meaningful Use Menu Measures

Questionnaire:

(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.

Measure: Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
- ● **This data was extracted from ALL patient records not just those maintained using certified EHR technology.**
- ○ **This data was extracted only from patient records maintained using certified EHR technology.**

Complete the following information:

*Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?

- ● Yes   ○ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

| ◄ PREVIOUS PAGE | SAVE AND CONTINUE ► |

STEPS

· · · · · · · · · · · · · · · · · ··

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click *SAVE & CONTINUE*.

TIPS

You may select the PREVIOUS PAGE button to go back.

Only the five (5) measures chosen will display.

TOPICS PROGRESS

This is the third of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 20 – (cont.) Meaningful Use Menu Measure (8 of 10)

STEPS
••••••••••••••••••••••

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click *SAVE & CONTINUE*.

Step 20 – (cont.) Meaningful Use Menu Measure (9 of 10)

TIP

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the third of four topics required for attestation

1	2	3	4

Step 20 – (cont.) Meaningful Use Menu Measure (10 of 10)

STEPS

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click *SAVE & CONTINUE*.

TIPS

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module..

Numerator and denominator must be whole numbers.

Click on HELP for additional guidance to navigate the system. The Help link is located on each page.

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the third of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 21 – Clinical Quality Measures (CQMs) (1 of 15)

Eligible hospitals and Critical Access Hospitals (CAHs) must report calculated clinical quality measures (CQMs) directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Eligible hospitals and CAHs must report on all fifteen (15) CQMs. Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

STEPS
....

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the CQMs.

Click *SAVE & CONTINUE*.

TIPS

Visit the Meaningful Use Core Objectives link for more information **https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf**.

Denominator is entered before the Numerator.

Numerator and denominator must be whole numbers.

TOPICS PROGRESS

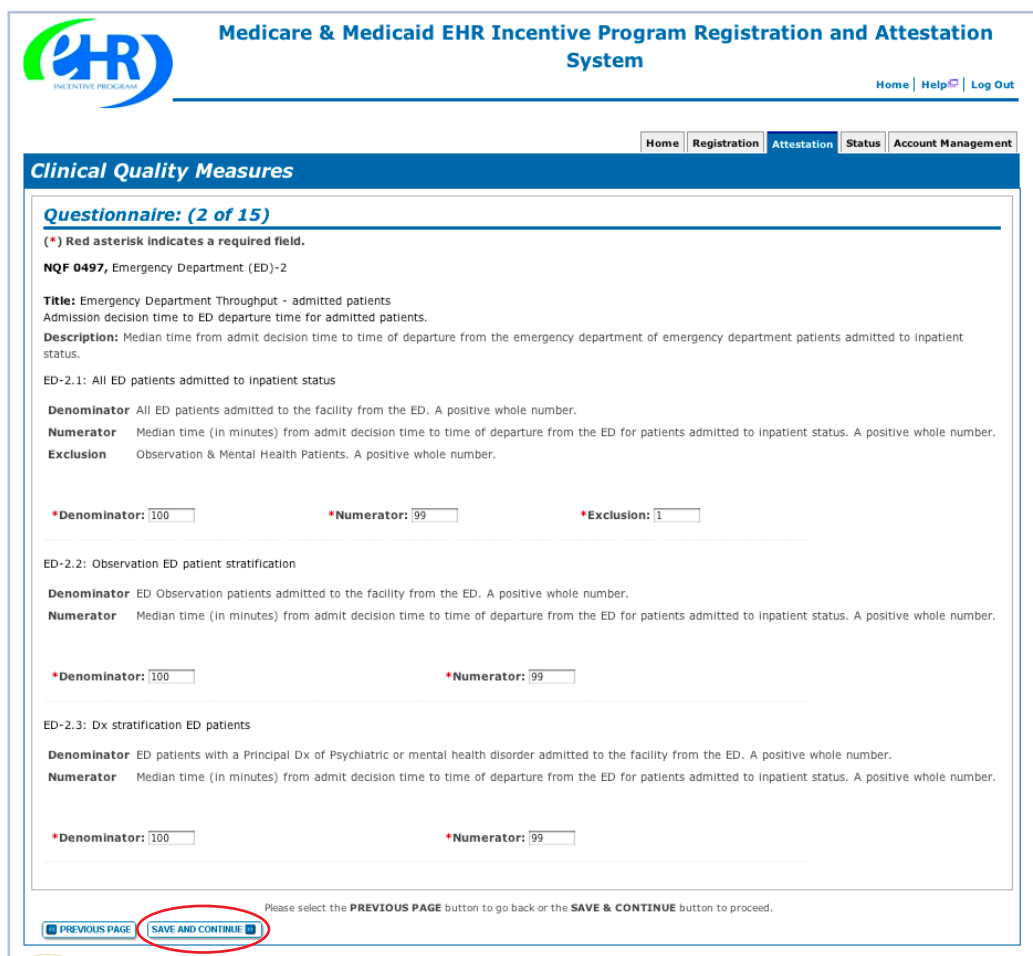*This is the fourth of four topics required for attestation*

1	2	3	4

Step 22 – Clinical Quality Measures (CQMs) (2 of 15)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | Help | Log Out

Home | Registration | Attestation | Status | Account Management

Clinical Quality Measures

Questionnaire: (2 of 15)

(*) Red asterisk indicates a required field.

NQF 0497, Emergency Department (ED)-2

Title: Emergency Department Throughput - admitted patients
Admission decision time to ED departure time for admitted patients.
Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

ED-2.1: All ED patients admitted to inpatient status

Denominator All ED patients admitted to the facility from the ED. A positive whole number.
Numerator Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.
Exclusion Observation & Mental Health Patients. A positive whole number.

*Denominator: 100   *Numerator: 99   *Exclusion: 1

ED-2.2: Observation ED patient stratification

Denominator ED Observation patients admitted to the facility from the ED. A positive whole number.
Numerator Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

*Denominator: 100   *Numerator: 99

ED-2.3: Dx stratification ED patients

Denominator ED patients with a Principal Dx of Psychiatric or mental health disorder admitted to the facility from the ED. A positive whole number.
Numerator Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

*Denominator: 100   *Numerator: 99

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE | SAVE AND CONTINUE

STEPS

· · · · · · · · · · · · · · · · · · ··

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the Clinical Quality Measures.

Click *SAVE & CONTINUE*.

TIPS

Click previous page to go back.

Denominator is entered before the Numerator.

Numerator and denominator must be whole numbers.

Click on HELP for additional guidance to navigate the system. The Help link is located on each page.

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 23 – Clinical Quality Measures (CQMs) (3 of 15)

Step 24 – Clinical Quality Measures (CQMs) (4 of 15)

TIPS

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the "Attestation" tab to continue your attestation when you return.

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

Step 25 – Clinical Quality Measures (CQMs) (5 of 15)

Step 26 – Clinical Quality Measures (CQMs) (6 of 15)

TIPS

*Visit the Meaningful
Use Overview link for
more information –
https://www.cms.gov/
EHRIncentivePrograms/30_
Meaningful_Use.asp.*

*To check your progress click on the
ATTESTATION tab at the top of the
page and select Modify in the Action
column in the Attestation Selection
page. The completed topics will show a
check mark on the TOPICS screen.*

TOPICS PROGRESS

*This is the fourth of four
topics required for attestation*

| 1 | 2 | 3 | 4 |

Step 27 – Clinical Quality Measures (CQMs) (7 of 15)
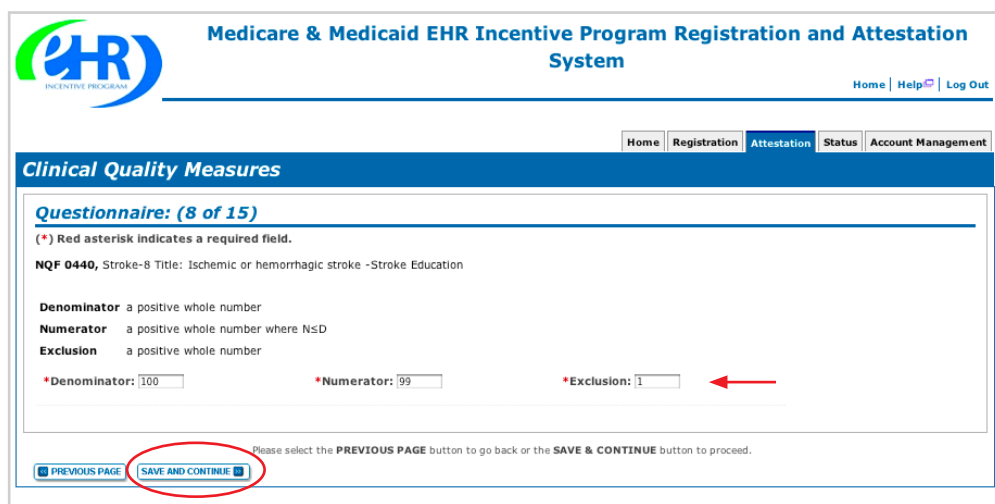
Step 28 – Clinical Quality Measures (CQMs) (8of 15)

TIPS

TOPICS PROGRESS

This is the fourth of four topics required for attestation

Denominator is entered before the Numerator.	Numerator and denominator must be whole numbers.	Click on HELP for additional guidance to navigate the system.
1	2	3	4

https://ehrincentives.cms.gov

Step 29 – Clinical Quality Measures (CQMs) (9 of 15)

Enter the Denominator, Numerator and Exclusion, if applicable.

Click *SAVE & CONTINUE*.

Step 30 – Clinical Quality Measures (CQMs) (10 of 15)

TIPS

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the "Attestation" tab to continue your attestation when you return.

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

Step 31 – Clinical Quality Measures (CQMs) (11 of 15)

Step 32 – Clinical Quality Measures (CQMs) (12 of 15)

TIPS

Denominator is entered before the Numerator. The numerator and denominator must be whole numbers.

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.
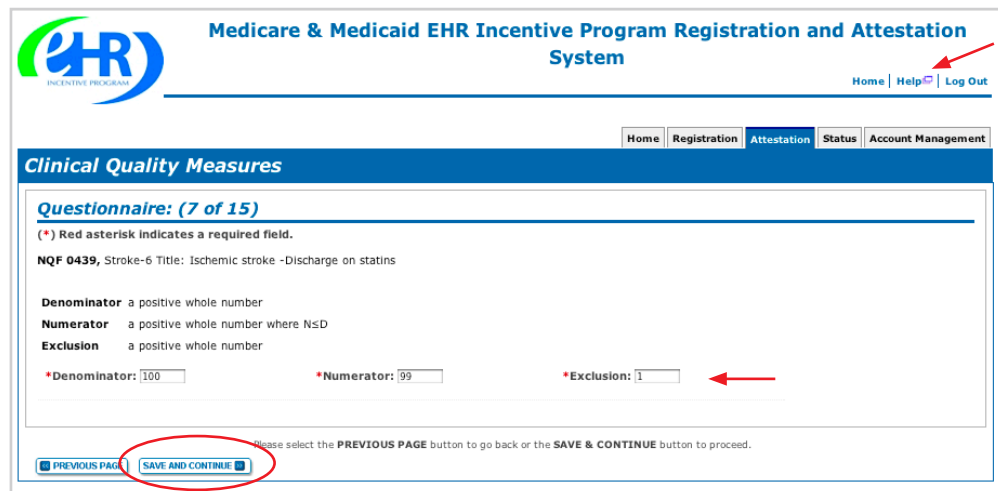
TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

https://ehrincentives.cms.gov
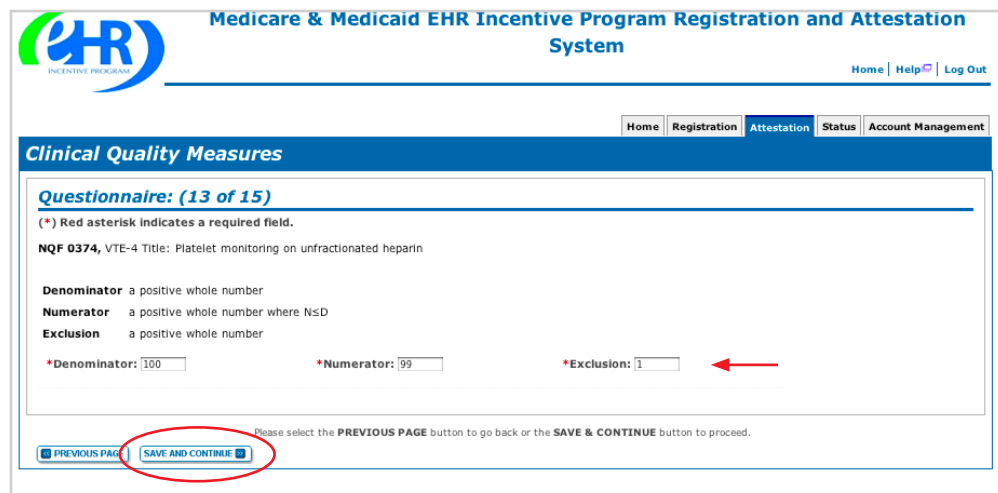
Step 33 – Clinical Quality Measures (CQMs) (13 of 15)
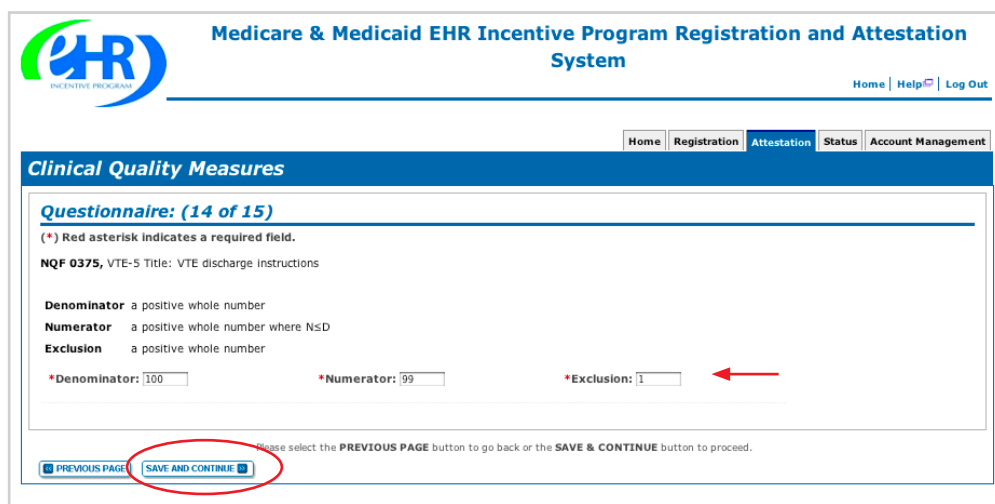
Step 34 – Clinical Quality Measures (CQMs) (14 of 15)

TIPS

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the "Attestation" tab to continue your attestation when you return.

TOPICS PROGRESS

This is the fourth of four topics required for attestation

1	2	3	4

Step 35 – Clinical Quality Measures (CQMs) (15 of 15)

STEPS
. . . .

Enter the Denominator, Numerator and Exclusion, if applicable.

Click *SAVE & CONTINUE*.

TIPS

Denominator is entered before the Numerator.

Click on HELP for additional guidance to navigate the system.

The Help link is located on each page

TOPICS PROGRESS

This is the fourth of four topics required for attestation

| 1 | 2 | 3 | 4 |

Step 36 – Topics for this Attestation

Once all the topics are marked completed you may proceed with attestation.

STEPS

Select *PROCEED WITH ATTESTATION*. You will navigate to Summary of Measures.

Select *MODIFY ATTESTATION* or any topic to review or revise your entries. You will navigate to the first page in the series of measures.

Step 37 – Summary of Measures

TIPS

This is the last chance to review and edit the information you have entered before you attest.

Check for data entry errors as the system will not alert the user of the calculated percentage of the numerator and denominators prior to official submission of attestation.

Step 37 – Summary of Measures (cont.)

Click on the Measure List Table link to access the table for editing.

Select the measure to *EDIT*.

Modify your entry.

Click *SAVE & CONTINUE*.

You will navigate to the Measure List Table.

TIP

*The **RETURN TO SUMMARY PAGE** button will display on this page <u>only</u> if the user selected the EDIT button on the Summary of Measures page (the previous page).*

Step 37 – Summary of Measures (cont.)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | **Attestation** | Status | Account Management

Summary of Measures

Meaningful Use Menu Measure List Table

Objective	Measure	Entered	Select
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	EDIT
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	EDIT
Use certified EHR technology to identify patientspecific education resources and provide those resources to the patient if appropriate.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources.	Numerator = 99 Denominator = 100	EDIT
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator = 99 Denominator = 100	EDIT
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Numerator = 99 Denominator = 100	EDIT

Select the **CONTINUE TO ATTEST** button to skip viewing the summary of measures and proceed with your attestation. Select the **PREVIOUS PAGE** button to view the summary of Meaningful Use Core Measures. Select the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

PREVIOUS PAGE | CONTINUE TO ATTEST | NEXT PAGE

STEPS

Click *CONTINUE TO ATTEST* or *NEXT PAGE* to edit additional measures.

TIPS

Clicking on CONTINUE TO ATTEST will navigate you back to the Attestation Statements page.

Clicking on NEXT PAGE will navigate you to the remaining measure list tables.

Step 38 – Submission Process: Attestation Statements

Step 38 – Submission Process: Confirmation Page

STEPS
....
Check the box next to each statement to attest to the information entered into the Attestation module.

Click *AGREE* to proceed with the attestation submission process.

Review the summary information.

Click *YES* to submit your attestation.

TIPS

If you click NO, you will receive a message stating that you are not submitting at this time. Your information will be saved and your attestation will display IN PROGRESS.

Click DISAGREE to go to the Home Page. Your attestation will not be submitted.

Step 39 – Attestation Disclaimer

STEPS
. . . .

Read the disclaimer and click on *AGREE* to continue your attestation or *DISAGREE* to stop the process.

TIP *If you click DISAGREE you will navigate back to the attestation instructions page. Your status under the ACTION column will read – MODIFY or CANCEL.*

Step 40 – Submission Receipt (accepted attestation)

STEPS

Your attestation was accepted. Print this receipt for your records.

You will not receive an email notification. The Medicare Attestation Status will show *ACCEPTED*.

THIS COMPLETES YOUR ATTESTATION

If you successfully attested and are a Medicare & Medicaid eligible hospital or CAH, your attestation will be deemed as a meaningful user by Medicare and you will not have to meet the State-specific additional meaningful use requirements in order to qualify for the Medicaid incentive payment.

Your attestation status will read 'Accepted' and the attestation action status column will read 'View'. The attestation is locked and cannot be edited.

TIP *Click on Summary of Measures from the submission receipt to view your entries.*

Step 40 – Submission Receipt (rejected attestation)

| Home | Registration | **Attestation** | Status | Account Management |

Submission Receipt

Rejected Attestation

The hospital or CAH did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

Attestation Tracking Information

Attestation Confirmation Number: 1000002754

LBN: XYZ Hospital

TIN: 42-1234567 (EIN)

NPI: 1234567890

CCN: 123456

EHR Certification Number: 123456789012345

EHR Reporting Period: 01/03/2011 - 04/04/2011

Attestation Submission Date: 04/14/2011

Reason for Attestation: You are modifying your attestation information.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

[PRINT] [SUMMARY OF MEASURES] [HOME]

STEPS
....

Your attestation was rejected. Print this receipt for your records.

You will not receive an email notification.

The Medicare Attestation Status will show *Rejected Attestation*.

YOUR ATTESTATION WAS REJECTED

You did not meet one or more of the meaningful use minimum standards. Please reassess/modify your practice so that you can meet the measure(s). You may resubmit your attestation information again, correct mistakes or re-submit new information if no mistakes were made.

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures. If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with new information for a different reporting period during the first payment year to successfully demonstrate meaningful use.

The 90-day reporting period can be a day later (example - 03/01/11 through 05/31/11 versus 03/02/11 through 06/01/11), but that will mean that hospital will have to recalculate all of the numerator and denominator information.

Print this receipt for your records. *You will not receive an email notification.*

TIP

Visit *https://www.cms.gov/EHRIncentivePrograms/* for meaningful use requirements.

Step 41 – Summary of Measures (rejected attestation)

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

PRINT   SUMMARY OF MEASURES   HOME

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Home | Registration | Attestation | Status | Account Management

Summary of Measures

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

Meaningful Use Core Measures List Table
Meaningful Use Menu Measures List Table
Clinical Quality Measures List Table

Please select the **PREVIOUS PAGE** button to go back, or the **CONTINUE** button to skip viewing the summary and proceed with the attestation submission process.

PREVIOUS PAGE   CONTINUE

Home | Registration | Attestation | Status | Account Management

Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	This measure meets minimum standard.	90.90%	Accepted
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	This measure meets minimum standard.	90.90%	Accepted
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	This measure meets minimum standard.	90.90%	Accepted
Maintain active medication allergy list.	More than 80% percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	This measure meets minimum standard.	90.90%	Accepted
problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	exchange key clinical information.	measure meets minimum standard.		
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	This measure meets minimum standard.	Yes	Accepted

Please select the **HOME** button to go to the Home Page, or the **NEXT PAGE** button to view the summary of Meaningful Use Menu Measures.

HOME   NEXT PAGE

STEPS
....

Click on *SUMMARY OF MEASURES* to view the status of each measure

---

TIP

Click the HOME button to go to the HOME page or the NEXT PAGE to view the summary of Clinical Quality Measures (CQMs).
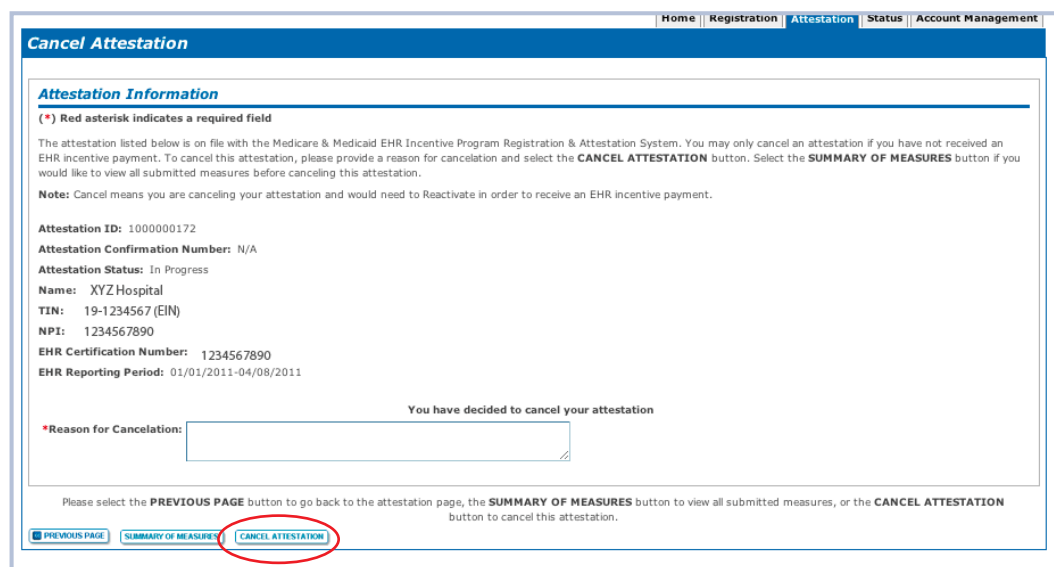
Step 42 – Cancel Attestation

If you choose to cancel a *previously submitted* attestation, click on CANCEL ATTESTATION from the Summary of Measures page.

STEPS
....

You may only cancel if you have not received an EHR incentive payment. Enter a *Reason for Cancellation*.

TIP *Select the SUMMARY OF MEASURES button to navigate to the next page (Summary of Measures) and the subsequent pages for viewing purposes only. You will NOT be allowed to edit any measures.*

Have Questions?

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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Help

Topics

Help provides additional guidance to users for Medicare & Medicaid EHR Incentive Program Registration & Attestation process. Help is broken up into the following sections.

About Registration & Attestation System
Presents an overview of the system, processes, and benefits.

How to get Access to the Registration & Attestation System
Presents summary information on accessing Internet-based Registration & Attestation System.

User Accounts
Presents additional information regarding account information.

Accessibility
Presents information about the accessibility and compatibility features of Internet-based Registration & Attestation System.

Frequently Asked Questions (FAQs)
Presents a list of common questions and their answers regarding the use of Internet-based Registration & Attestation System and the Medicare\Medicaid registration and attestation process.

Glossary
Presents Medicare\Medicaid EHR terms and definitions.

Contact Information
Presents a list of contact information for Internet-based Registration & Attestation System user account issues.

STEPS

. . . .

Click on *HELP* for additional guidance to navigate the system. The Help link is located on each page.

RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563

Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Identity and Access Management system (I&A) Help Desk for assistance, PECOS External User Services (EUS) Help Desk
Phone: 1-866-484-8049
E-mail: EUSSupport@cgi.com

NPPES Help Desk for assistance. Visit;
https://nppes.cms.hhs.gov/NPPES/Welcome.do
(800) 465-3203 / TTY (800) 692-2326

PECOS Help Desk for assistance. Visit; **https://pecos.cms.hhs.gov/**
(866)484-8049 / TTY (866)523-4759

EHR Incentive Program Website
https://www.cms.gov/EHRIncentivePrograms/

Certified health IT Product website - Office of the National Coordinator (ONC)
http://onc-chpl.force.com/ehrcert/CHPLHome

Acronym Translation

CAH	**Critical Access Hospital**
CCN	**CMS Certification Number**
CMS	**Centers for Medicare & Medicaid Services**
CQM	**Clinical Quality Measure**
DMF	**Social Security Death Master File**
EHR	**Electronic Health Record**
EIN	**Employer's Identification Number**
EP	**Eligible Professional**
FI	**Fiscal Intermediary**
FQHC	**Federally Qualified Health Center**
I&A	**Identity & Access Management**
IDR	**Integrated Data Repository**
LBN	**Legal Business Name**
MAC	**Medicare Administrative Contractor**
MAO	**Medicare Advantage Organization**
NLR	**National Level Repository**
NPI	**National Provider Identifier**
NPPES	**National Plan and Provider Enumeration System**
OIG	**Office of the Inspector General**
PECOS	**Provider Enrollment, Chain and Ownership System**
RHC	**Rural Health Center**
SSN	**Social Security Number**
TIN	**Tax Identification Number**

ACRONYMS

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Electronic Health Record Incentives

eHR

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NOTES:

NOTES: